

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-023474

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 47

Primary Registration District No. 3008

Registrar's No. 192

FILED JUL 2 1963

1. PLACE OF DEATH

a. COUNTY

CALLAWAY

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN

FULTON

Length of stay in lb

3 Mo - 18 Da

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION

STATE HOSP

Inside Limits

Yes ☐ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

MO

b. COUNTY

SCOTLAND

c. CITY

OR TOWN
MEMPHIS

Inside Limits

Yes ☐ No ☐

d. STREET ADDRESS (If outside, give location)

NONE

Reside on Farm

Yes ☐ No ☐3. NAME OF DECEASED
(Type or print)

First

Middle

Last

ARCHIE CLYDE BECHTEL

4. DATE OF DEATH

Month

Day

Year

6/25/63

5. SEX

M

6. COLOR OR RACE

W

7. Married ☒ Never Married ☐
Widowed ☐ Divorced ☐

8. DATE OF BIRTH

1/13/1906

9. AGE (last birthday)

67

IF UNDER 1 YEAR IF UNDER 24 HR
Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

RETIRED State Highway Construction

10b. KIND OF BUSINESS OR INDUSTRY

MO

14. BIRTHPLACE (City and state or country)

12. CITIZEN OF WHAT COUNTRY

U.S.

13a. FATHER'S NAME

GROB BECHTEL

13b. MOTHER'S MAIDEN NAME

ANNA BETTINGS

14. NAME OF HUSBAND OR WIFE

RENA BECHTEL

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown)

NO

16. SOCIAL SECURITY NO.

17. INFORMANT

Address

HOSP. RECORDS Fulton Mo

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

CHRONIC NEPHRITIS

INTERVAL BETWEEN ONSET AND DEATH

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

ARTERIO SCLEROTIC HEART DISEASE

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III: If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY PERFORMED?
YES ☐ NO ☐

20a. ACCIDENT

SUICIDE

HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour a.m. p.m.
Month, Day, Year20d. INJURY OCCURRED WHILE AT WORK ☐
NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from
Death occurred atMAR 2, 63
8:20 PMto 6/25/63 and last saw her alive on XXXX
m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

P.C. Robertson M.D.

22b. ADDRESS

FULTON, MO

22c. DATE SIGNED

6-25-1963

23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

23b. DATE

June 28-1963

23c. NAME OF CEMETERY OR CREMATORY

Memphis Cemetery

23d. LOCATION (City, town, or county)

Memphis

(State)

Mo

24. FUNERAL DIRECTOR

ADDRESS

Browning Funeral Home, Fulton Mo

25. DATE RECD. BY LOCAL REG.

June 25-1963

26. REGISTRAR'S SIGNATURE

Martha Lawrence

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR

TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

BY AFFIDAVIT OF

ITEM NO.

JUL 12 1963

EX-10
-OPPO

0
1

0
0

0-89

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed _____

Licensed Embalmer No. _____

P. O. Address _____

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.